2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N96000005197

Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

Current Principal Place of Business:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 31-1481653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	SHALLOWAY, G M	
Address:	1400 CENTREPARK BLVD #700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VC	( ) Delete
Name:	BUTCHER, LARRY E	
Address:	1716 NW FORK ROAD	
City-St-Zip:	STUART, FL 34994	
Title:	DT	( ) Delete
Name:	GREGORY, JAMES FRAGAKIS	
Address:	1120 ELIZABETH AVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	MCCRACKEN, JOHN B	
Address:	505 SOUTH FLAGLER DRIVE, SUITE 1100	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	WOLF, AUDREY	
Address:	6627 OVERLAND DRIVE	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	CHURCH, GERALD P. E.	
Address:	2575 S. OCEAN BLVD., #310	
City-St-Zip:	HIGHLAND BEACH, FL 33487	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	TRACY, PATRICIA	
Address:	13088 MALLARD CREEK DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F GREGORY DT 04/23/2007
Electronic Signature of Signing Officer or Director — Date